

EMERGENCY MEDICAL SERVICES AUTHORITY

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February 3, 2020

Mr. Dan Burch, EMS Administrator
San Joaquin County EMS Agency
P. O. Box 220
French Camp, CA 95231

Dear Mr. Burch:

This letter is in response to San Joaquin County's 2019 EMS Plan submission to the EMS Authority on October 18, 2019.

I. Introduction and Summary:

The EMS Authority has concluded its review of San Joaquin County's 2019 EMS Plan and is approving the plan.

II. History and Background:

San Joaquin County received its last plan approval for its 2018 plan submission.

Historically, we have received EMS Plan submissions from San Joaquin County for the following years:

- 1994
- 2003
- 2006
- 2007
- 2009-2012
- 2014
- 2017
- 2018

Health and Safety Code (HSC) § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute, regulations, and case law, consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to San Joaquin County's 2019 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable laws, regulations, case law, and the EMS system components identified in HSC § 1797.103, are indicated below:

- | | Approved | Not
Approved | |
|----|-------------------------------------|--------------------------|---|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u> |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u> |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u> |

Based on the documentation provided, please find enclosed San Joaquin County's status of ground exclusive operating areas, as compiled by the EMS Authority.

- | | | | |
|----|-------------------------------------|--------------------------|--|
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u> |
| F. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| G. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u> |
| H. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u> |

IV. Conclusion:

Based on the information identified, San Joaquin County's 2019 EMS Plan is approved.

Pursuant to HSC § 1797.105(b):

"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

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V. Next Steps:

San Joaquin County's next EMS Plan will be due on or before February 3, 2021. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Tom McGinnis, EMT-P
Chief, EMS Systems Division

Enclosure

2019 San Joaquin EMS Plan
Transportation Component
Approved

ZONE	EXCLUSIVITY		TYPE			LEVEL							
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization
Zone X		X	Competitive Process	X				X	X	X	X		
Zone D		X	Non-Competitive	X				X	X	X			
Zone E		X	Non-Competitive	X				X	X	X			
Zone F		X	Non-Competitive	X				X	X	X			

Emergency Medical Services Plan 2019 Annual Update



San Joaquin County Emergency Medical Services Agency
PO Box 220, French Camp, CA 95231 (209) 468-6818

Dan Burch, EMS Administrator
Katherine Shafer, M.D., EMS Medical Director

Revised and Submitted January 29, 2020

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ADDENDUM A – STEMI Critical Care System Plan

ADDENDUM B – Stroke Critical Care System Plan

ADDENDUM C – Trauma Critical Care System Plan (2019 Update)

ADDENDUM D – SJCEMSA Continuous Quality Improvement Plan (2019 Update)

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EXECUTIVE SUMMARY

The San Joaquin County Emergency Medical Services (EMS) Agency (SJCEMSA) was created by the San Joaquin County Board of Supervisors as a department within the Health Care Services Agency in 1982, in order to fulfill the responsibilities of a local EMS agency as contained in Health and Safety Code, Division 2.5 et seq. As assigned by the Legislature with the passage of the EMS Act, the primary responsibility of a local EMS agency is to plan, implement, and evaluate an emergency medical services system, in accordance with the provisions of Division 2.5 of the Health and Safety Code, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures. Section 1797.254 of the Health and Safety Code requires local EMS agencies to annually submit a plan for their EMS area to the California EMS Authority (EMSA). The EMS system plan and subject specific plans such as trauma and transportation must be consistent with the regulations and guidelines established by the EMSA.

This EMS plan update provides information relevant to the period from July 1, 2018 through June 30, 2019. This document includes addenda that meet the requirement to provide annual plans for the San Joaquin County CQI Plan, the Stroke Critical Care System Plan, the STEMI Critical Care System Plan, and the San Joaquin County 2019 Trauma System Plan Update. The San Joaquin EMS System generally meets or exceeds EMSA's minimum standards and recommended guidelines. This document meets the EMSA requirement for the submission of an annual EMS Plan update.

MAJOR NEEDS AND PROGRAM SOLUTIONS

1. Need: Continue to enhance SJCEMSA's access to EMS incident dispatch data in order to measure the performance and effectiveness of fire department responders and other non-transport resources. Access to the dispatch data from a fully functioning CAD for all non-transport resources that must include remote access to audio equipment and technology to provide SJCEMSA with unrestricted access to search, select, play and record digital audio recordings and features, plus provide monitoring features available using the FirstWatch program.

Program Solution: Continue to enhance agreements and adopt policies and measures to ensure complete and ready access communication and provider data sources to allow for the evaluation of the efficiency and effectiveness of all aspects of the EMS system. Work with stakeholders including the cities and fire districts to ensure access to data.

2. Need: Continue to develop and implement strategies to reduce off-load delays of patients transported by EMS system ambulances at hospital emergency departments in San Joaquin County

Program Solution: Adopt a method to calculate the true financial cost of APOD on the EMS system. Continue to measure and report APOT quarterly showing performance of each hospital. Engage stakeholders on developing, implementing, and evaluating measures to reduce APOT and its deleterious effect on patient care, diminished ambulance productivity, and increase in response times.

3. Need: Revise policies and practices to reduce unnecessary air ambulance utilization due to the negative impact on patient outcomes as identified by the San Joaquin County Trauma Audit Committee. Continue to evaluate air ambulance utilization to ensure that such services do not delay, disrupt, or impede the services of emergency ambulance service providers and rapid transport of patients to SJCEMSA designated specialty care centers and receiving hospitals.

Program Solution: Engage stakeholders on developing, implementing, and evaluating measures to prevent air ambulance use from delaying, disrupting, or impeding the transport of major trauma patients and other patients from the scene of a medical emergency.

4. Need: Revise and update ALS and BLS treatment protocols to reflect current standards of care in the prehospital environment.

Program Solution: Revise written ALS and BLS treatment protocols with input of local emergency medicine community and stakeholders. Ensure prehospital personnel are properly educated on revisions prior to implementation.

5. Need: Revise and update SJCEMSA policies to mirror requirements in California Code of Regulations, Title 22, Division 9, Chapter 7.2 Stroke Critical Care System, and Chapter 7.1 STEMI Critical Care System.

Program Solution: Assign staff to complete the process to update SJCEMSA Policy Nos. 4801 STEMI Receiving Center Designation; 4811 Primary Stroke Center Designation; 6381 STEMI Receiving Center Data Requirements, and 6382 Primary Stroke Center Data Requirements.

6. Need: Adopt a goal for training a percentage of the general public in first aid and CPR and place special emphasis on training a higher percentage of high risk groups.

Program Solution: Work with emergency ambulance providers and non-transport emergency responder organizations to plan and implement first aid and CPR training for the public in San Joaquin County.

7. Need: Revise, update, and evaluate the exclusive operating area ambulance agreements with Escalon Community Ambulance, and the Ripon Consolidated Fire Protection District. In addition, negotiate service agreements with non-exclusive basic life support (BLS) ambulance services and air ambulance service. Continue prioritizing San Joaquin County EMS Agency's objective of ensuring acutely ill and injured patients receive ambulance transport to definitive care.

Program Solution: Assign appropriate staff to meet need.

8. Need: Revise, update, and evaluate the BLS and advanced life support (ALS) agreements with non-transport fire departments. Negotiate service agreements as needed.

Program Solution: Assign appropriate staff to meet need.

9. Need: Review the Zone-X Emergency Ambulance Agreement to determine whether there are areas in the agreement that require modification to coincide with the end of the five-year term of the ten-year agreement with AMR.

Program Solution: Review the history of compliance with the requirements set forth in the Zone-X agreement; determine whether modifications are required; if necessary begin negotiations with AMR early in 2020.

10. Need: Incentivize hospitals and other public and private EMS-related agencies to meet program requirements through written agreements that include methods other than termination.

Program Solution: Modify pertinent written agreements.

11. Need: Adopt policies to improve and enhance the efficiency of EMS system response to multi-casualty incidents (MCIs).

Program Solution: Engage stakeholders, draft and vet policies, adopt policies, measure response, revise policies as needed to ensure performance.

12. Need: The Med-Net radio system in San Joaquin County needs key upgrades to prevent the interruption of field to base hospital communication caused by radio traffic from simultaneous radio call-ins.

Program Solution: Identify funding sources and mechanisms, develop a med-net radio communication infrastructure scope of work, coordinate a request for proposal (RFP) with County Purchasing and County Information Services, evaluate proposals and award contracts as appropriate to complete project.

13. Need: The SJCEMSA's data management system should be integrated to include pre-hospital, base hospital, and receiving hospital data. Current integration of these data sources requires manual compilation or limited integration provided by third party data platforms (e.g. stroke, STEMI, Trauma Registry).

Program Solution: Participate in the Manifest Medex (MX) Health Information Exchange (HIE) grant award from the EMS Authority. Collaborate with prehospital providers and hospitals to incorporate data into the San Joaquin County HIE.

14. Need: Develop a plan for response by and use of all-terrain vehicles and water rescue vehicles.

Program Solution: Work with San Joaquin County Sheriff's Department and other Emergency Responder organizations to identify the availability of all-terrain and water rescue vehicles by catchment area.

15. Need: Develop or update EMD related policies including EMS Policy No. 3202, to realign resource assignments and call triage with IAED recommendations.

Program Solution: Ensure that revised policies provide the direction necessary for the designated dispatch center to meet the EMS resource needs of the patients of San Joaquin County during every EMS system demand level including extraordinary levels of high demand.

16. Need: Implement the requirements of SB 438, which was passed into law in October 2019. Collaborate with EMS stakeholders on best practices to prevent fragmentation of the EMS system and revise/develop the necessary policies.

Program Solution: Ensure EMS policies provide the direction to ensure efficient communication by and between public safety answering points and EMS dispatch centers; clarify the process for approving new advanced life support (ALS) programs.

SUMMARY OF CHANGES

System Organization and Management:

Hired Jeff Costa RN in September, 2018, as a full-time Critical Care Coordinator to provide administrative oversight over the SJCEMSA Stroke and STEMI system programs and to assist with oversight of the SJCEMSA Trauma system.

Manpower and Training:

Continued to issue guidance on training for the administration of epinephrine, naloxone, and other enhanced BLS skills.

Communications:

No changes.

Response and Transportation:

Completed written agreements for the provision of enhanced BLS services (administration of epinephrine via auto injector, naloxone via mucosal atomizer, and glucose monitoring) with Lathrop Manteca Fire District, Farmington Fire District, and French Camp McKinley Fire District.

Facilities and Critical Care:

Designated the last of the seven acute care facilities in San Joaquin County as a primary stroke center effective November 1, 2018.

Data Collection and System Evaluation:

Completed the project to have 100% successful submission of ePCR data from all non-transport EMS system provider agencies to the California EMSA data repository.

Revised and updated agreements with those BLS non-transport EMS providers that expressed interest in adopting the enhanced scope of practice to administer epinephrine and naloxone and other enhanced BLS skills to include the addition of CQI processes necessary for system evaluation and ensure the proper submission of NEMSIS and CEMSIS data pursuant to Health and Safety Code, Section 1797.227. These revisions and updates will continue during 2019-2020 as more BLS non-transport EMS providers request to be approved to provide the enhanced scope of practice.

Public Information and Education:

No changes.

Disaster Medical Response:

Completed the development and implementation of the San Joaquin Operational Area Healthcare Coalition Emergency Operations Plan (EOP), which provides general guidance for preparation, response, and recovery to all hazards events that threaten the healthcare system that result in illness or injury to the population within the San Joaquin Operational Area and the healthcare system.

The EOP encompasses all participating healthcare facilities, providers, public and private medical and health agencies/organizations, public safety agencies, non-government agencies, and other community partners operating within the geographic boundaries of San Joaquin County.

As in previous years the San Joaquin County Public Health Officer and the San Joaquin County EMS Agency Administrator, with the concurrence of the Director of San Joaquin Health Care Services have appointed the EMS Administrator to serve as the Medical Health Operational Area Coordinator (MHOAC). The San Joaquin EMS Agency maintains an on call EMS Duty Officer 24 hours a day to serve as the MHOAC's designee after hours or when the MHOAC is unavailable.

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TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X	NA		
1.02	LEMSA Mission		X	NA		
1.03	Public Input		X	NA		
1.04	Medical Director		X	Unmet		
Planning Activities:						
1.05	System Plan		X	NA		
1.06	Annual Plan Update		X	NA		
1.07	Trauma Planning		X	NA		
1.08	ALS Planning*		X	NA		
1.09	Inventory of Resources		X	NA		
1.10	Special Populations		X	X		
1.11	System Participants		X	X		
Regulatory Activities:						
1.12	Review & Monitoring		X	NA		
1.13	Coordination		X	NA		
1.14	Policy & Procedures Manual		X	NA	X	
1.15	Compliance w/Policies		X	NA	X	
System Finances:						
1.16	Funding Mechanism		X	NA		
Medical Direction:						
1.17	Medical Direction		X	NA		
1.18	QA/QI		X	X		
1.19	Policies, Procedures, Protocols		X	X	X	

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X	NA		
1.21	Determination of Death		X	NA		
1.22	Reporting of Abuse		X	NA		
1.23	Interfacility Transfer		X	NA		
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X	X		
1.25	On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X	NA		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan	X	UNMET	NA		X
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X	NA		

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X	NA		
2.02	Approval of Training		X	NA		
2.03	Personnel		X	NA		
Dispatchers:						
2.04	Dispatch Training		X	X		
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X	NA		
2.07	Medical Control		X	NA		
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X	NA		
2.10	Advanced Life Support		X	NA		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X	NA		
2.12	Early Defibrillation		X	NA		
2.13	Base Hospital Personnel		X	NA		

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan		X	X		
3.02	Radios		X	X		
3.03	Interfacility Transfer		X	NA		
3.04	Dispatch Center		X	NA		
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X	NA		
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X	NA		
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X	NA		
4.04	Prescheduled Responses		X	NA		
4.05	Response Time		X	UNMET	X	
4.06	Staffing		X	NA		
4.07	First Responder Agencies		X	NA		
4.08	Medical & Rescue Aircraft*		X	NA		
4.09	Air Dispatch Center		X	NA		
4.10	Aircraft Availability		X	NA		
4.11	Specialty Vehicles		X	UNMET		
4.12	Disaster Response		X	NA		
4.13	Intercounty Response		X	X		
4.14	Incident Command System		X	NA		
4.15	MCI Plans		X	NA		
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	NA		
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X	NA		
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X	NA		
4.20	"Grandfathering"		X	NA		
4.21	Compliance		X	NA		
4.22	Evaluation		X	NA		

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols		X	NA		
5.03	Transfer Guidelines		X	NA		
5.04	Specialty Care Facilities*		X	NA		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation		X	NA		
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		X	NA		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X	NA		
5.09	Public Input		X	NA		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X	NA		
5.11	Emergency Departments		X	UNMET		X
5.12	Public Input		X	NA		X
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X	NA		X
5.14	Public Input		X	NA		

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X	NA		
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X	NA		
6.05	Data Management System		X	X		
6.06	System Design Evaluation		X	NA		
6.07	Provider Participation		X	NA		
6.08	Reporting		X	NA		
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	UNMET		
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X	NA		
6.11	Trauma Center Data		X	X		

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	UNMET		

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning		X	NA		
8.02	Response Plans		X	X		
8.03	HazMat Training		X	NA		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications		X	NA		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		X	X		
8.10	Mutual Aid Agreements		X	NA		
8.11	CCP Designation		X	NA		
8.12	Establishment of CCPs		X	NA		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	NA		
8.16	Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X	NA		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X	NA		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X	NA		

SYSTEM ASSESSMENT FORMS

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:

Each local EMS agency shall develop a policy and procedures manual that includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***MEETS MINIMUM STANDARD***

NEED(S):

Update treatment protocols for content and redesign, reformat treatment protocol book.

OBJECTIVE:

Complete update of treatment protocol book by end of 2019.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***MEETS MINIMUM STANDARD***

NEED(S):

Facilitate training for all ALS personnel on new EMS protocols.

OBJECTIVE:

Ensure ALS personnel receive training on new EMS protocols by end of 2019.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

RECOMMENDED GUIDELINES:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

CURRENT STATUS: ***MEETS MINIMUM STANDARD***

NEED(S):

Rewrite and update the ALS treatment protocols

OBJECTIVE:

Complete rewrite and update the ALS treatment protocols by end of 2019

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for pediatric emergency medical and critical care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***DOES NOT MEET MINIMUM STANDARD***

NEED(S):

- 1) An assessment and evaluation of the EMS systems ability to meet the needs of seriously ill and injured children based on the states EMS-C standards needs to be conducted.
- 2) Former EMS-C policies need to be re-established.
- 3) Local protocol need to be established and implemented regarding pediatric emergencies.
- 4) Written agreements need to be developed with tertiary pediatric critical care centers and pediatric trauma centers.

OBJECTIVE: To create an EMS-C system within the San Joaquin County EMS System based on the standards and guidelines of the State of California.

TIME FRAME FOR MEETING OBJECTIVE:

X Long-Range Plan (more than one year)

3.09 DISPATCH TRIAGE

MINIMUM STANDARDS:

The local EMS agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

RECOMMENDED GUIDELINES:

The local EMS agency should establish a emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The local EMS Agency has established and implemented Policy Nos. 3202 and 3001 for proper dispatch triage and the appropriate medical response to emergency calls and the provision of emergency medical dispatch services (EMD). Written agreements and EMS policy Nos. 2101, 3101, and 3109 require EMD service providers to meet national and state guidelines, which include the use of a standardized medical priority dispatch system approved by the EMS Agency.

NEED(S):

Revise EMD related policies including EMS Policy No. 3202, to realign resource assignments and call triage with IAED recommendations. Revise EMD related policies as appropriate based on the expected passage of SB438.

OBJECTIVE:

Ensure that revised policies provide the tools necessary for the designated dispatch center to meet the emergency ambulance needs of the residents of San Joaquin County during every EMS system demand level including extraordinary levels of high demand.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch time intervals and driving time.

RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan/Urban Area	Suburban/Rural Area	Wilderness Area
BLS and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The SJCEMSA is working to develop a system to measure the response times for all Emergency Medical Responder (EMR) agencies in San Joaquin County that would meet the recommended guidelines.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

Develop reports using CAD data to measure response times for all EMR agencies in San Joaquin County.

OBJECTIVE:

Measure response times for all EMR agencies in San Joaquin County.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

5.11 EMERGENCY DEPARTMENTS

MINIMUM STANDARDS:

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality improvement, and
- data reporting to the local EMS agency.

RECOMMENDED GUIDELINES:

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

CURRENT STATUS: ***MEETS MINIMUM STANDARD***

Re-evaluate the EMS for Children's project objectives.

NEED(S):

TO BE DETERMINED

OBJECTIVE:

Re-evaluate the EMS for Children's project objectives.

TIME FRAME FOR MEETING OBJECTIVE:

X Long-Range Plan (more than one year)

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PROGRESS/OBJECTIVES

1.14 POLICY & PROCEDURES MANUAL

2019/2020 Objective: Complete update of treatment protocol book by end of 2019.

Progress: Objective partially met. Draft of protocol book completed. Slated for release for 45-day public comment during summer of 2019.

1.15 COMPLIANCE WITH POLICIES

2019/2020 Objective: Review, monitor, and enforce compliance with system policies.

Progress: As pertains to the updated treatment protocol book, this objective will be an ongoing task of SJCEMSA personnel using QI methods in collaboration with EMS system participants upon the release of the new treatment protocols scheduled for the last quarter of 2019.

1.19 POLICIES, PROCEDURES, PROTOCOLS

2019/2020 Objective: Complete update of treatment protocol book by end of 2019.

Progress: Objective partially met. Draft of protocol book completed. Slated for release for 45-day public comment during summer of 2019.

1.27 PEDIATRIC SYSTEM PLAN

2019/2020 Objective: Develop a pediatric emergency medical and critical care system plan.

Progress: None.

4.05 RESPONSE TIME STANDARDS

2019/2020 Objective: Develop reports using CAD data to measure response time for all EMR service providers in San Joaquin County.

Progress: Objective partially met. Response time reports for EMRs produced for those EMS providers dispatched by the San Joaquin County Designated EMS Dispatch Center. Delays in the completion of new CAD project at Stockton Fire Department's Dispatch Center continue to prevent the successful completion of this objective.

5.04 SPECIALTY CARE FACILITIES

2019/2020 Objective: Designate stroke centers in San Joaquin County.

Progress: Complete. The seventh and final hospital has been designated as a primary stroke center in San Joaquin County.

5.11 EMERGENCY DEPARTMENTS

2019/2020 Objective: identify minimum standards for pediatric capability of emergency departments.

Progress: None.

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TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: 2019-2020

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: San Joaquin County EMS Agency

A. Basic Life Support (BLS)	<u>0</u>	%
B. Limited Advanced Life Support (LALS)	<u>0</u>	%
C. Advanced Life Support (ALS)	<u>100</u>	%

2. Type of agency B
- a) Public Health Department
 - b) County Health Services Agency
 - c) Other (non-health) County Department
 - d) Joint Powers Agency
 - e) Private Non-Profit Entity
 - f) Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to B
- a) Public Health Officer
 - b) Health Services Agency Director/Administrator
 - c) Board of Directors
 - d) Other: _____

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<u>Yes</u>
Designation of trauma centers/trauma care system planning	<u>Yes</u>
Designation/approval of pediatric facilities	<u>Yes</u>
Designation of STEMI centers	<u>Yes</u>
Designation of Stroke centers	<u>Yes</u>
Designation of other critical care centers	<u>Yes</u>
Development of transfer agreements	<u>Yes</u>
Enforcement of local ambulance ordinance	<u>Yes</u>
Enforcement of ambulance service contracts	<u>Yes</u>
Operation of ambulance service	<u>No</u>

Table 2 - System Organization & Management (cont.)

Continuing education	<u>Yes</u>
Personnel training	<u>Yes</u>
Operation of oversight of EMS dispatch center	<u>Yes</u>
Non-medical disaster planning	<u>Assists</u>
Administration of critical incident stress debriefing team (CISD)	<u>No</u>
Administration of disaster medical assistance team (DMAT)	<u>N/A</u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>Yes</u>
Other: _____	
Other: _____	
Other: _____	

5. EXPENSES

Salaries and benefits	\$1,909,161
Services and Supplies	\$1,252,032
Centrally Budgeted	(\$13,081)
Total Expenses	\$2,848,112

6. SOURCES OF REVENUE

Licenses, Permits, Franchises	\$970,782
Intergovernmental Revenue (grants)	\$272,549
Charges for Services	\$484,850
Penalties and Fines	\$551,000
Fund Transfers	\$25,000
Net County Cost (General Fund)	\$543,931
Total Revenue	\$2,848,112

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1FTE	\$62	36%	
Asst. Admin./Admin. Asst./Admin. Mgr.	EMS Coordinator	1FTE	TBD	36%	
ALS Coord./Field Coord./ Training Coordinator	Prehospital Care Coordinator	1FTE	\$41	36%	
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist	2FTE	\$37	36%	
Trauma Coordinator	Trauma Coordinator	2FTE	\$62	36%	
Medical Director	Medical Director	.25FTE	\$150	0%	Contract
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	Disaster Medical Health Specialist	1FTE		36%	

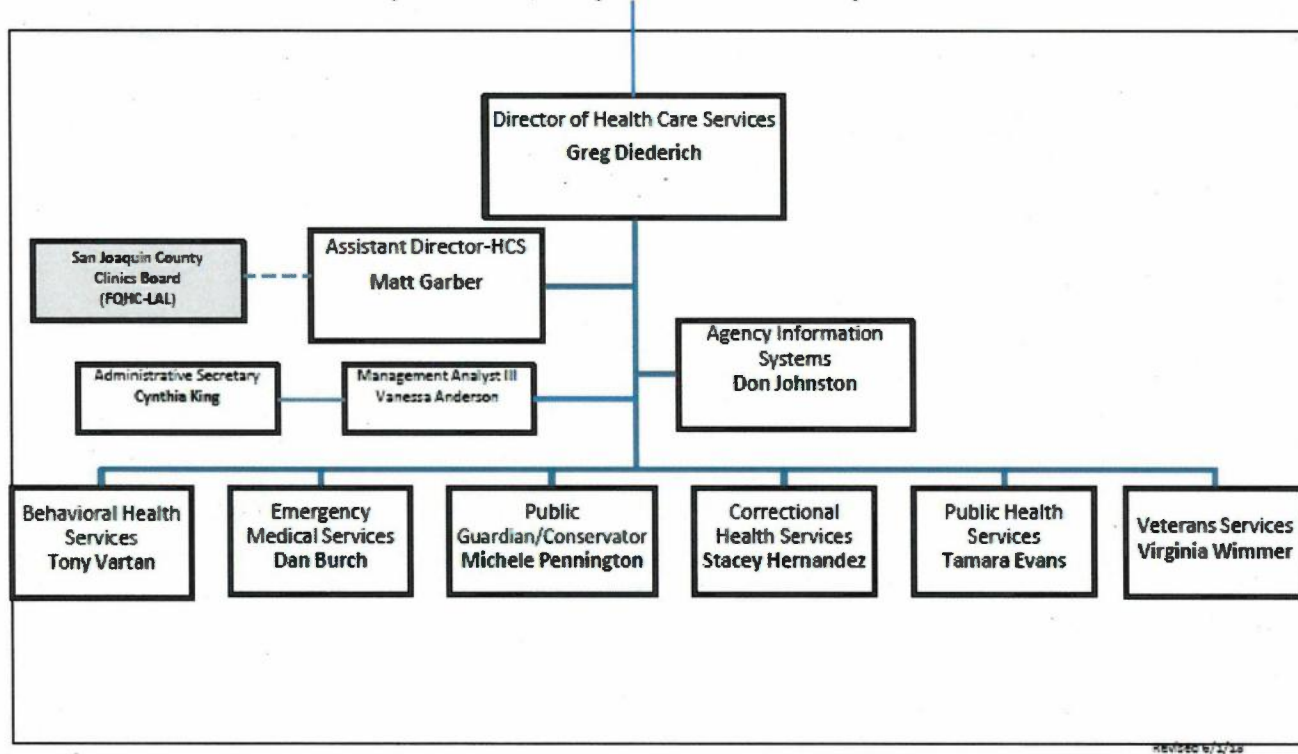
Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	EMS Analyst	2FTE	\$41	36%	Responsible for ambulance contract oversight.
QA/QI Coordinator	See Prehospital Care Coordinator				
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Office Technician Coordinator	1FTE	\$23	36%	
Other Clerical	Accounting Technician I	1FTE	\$25	36%	
Other					

Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.

San Joaquin County Organizational Charts

San Joaquin County Board of Supervisors



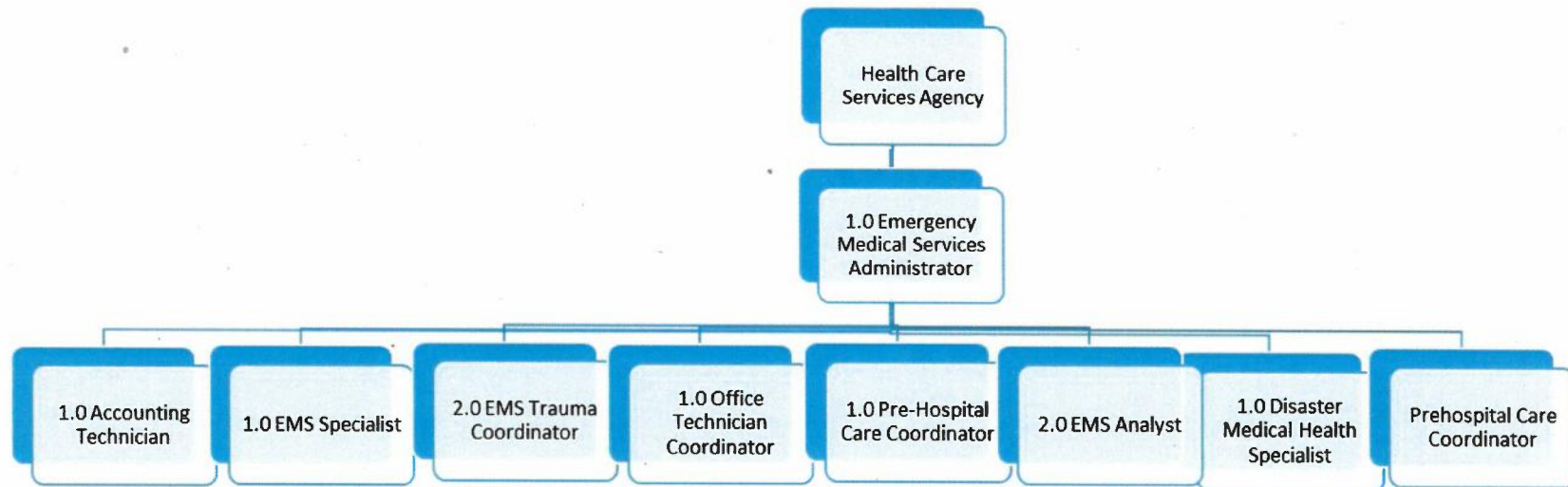


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - PERSONNEL/TRAINING

Reporting Year: 2018-2019

NOTE: Table 3 is to be reported by agency.

	EMTs	EMDs	EMT - Ps	MICN
Total Certified	832	89		66
Number newly certified this year	114	31		7
Number recertified this year	301	41		19
Total number of accredited personnel on July 1 of the reporting year			364	
Number of certification reviews resulting in:				
a) formal investigations	9	4		
b) probation				
c) suspensions				
d) revocations	2			
e) denials				
f) denials of renewal				
g) no action taken	7	4		

1. Early defibrillation:

a) Number of EMT-I (defib) certified

832

b) Number of public safety (defib) certified (non-EMT-I)

0

2. Do you have a first responder training program

☐ yes ☒ no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - COMMUNICATIONS

Note: Table 4 is to be answered for each county.

County: San Joaquin County EMS Agency

Reporting Year: 2018-2019 (fiscal year)

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>8</u> |
| 2. Number of secondary PSAPs | <u>2</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>2</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>Valley Regional Emergency Communications Center</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>Valley Regional Emergency Communications Center</u> | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>CALCORD</u> | |
| b. Other methods _____ | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - RESPONSE/TRANSPORTATION

Reporting Year: 2018-2019 (fiscal year)

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 18

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	n/a	n/a	n/a	n/a
Early defibrillation responder	n/a	n/a	n/a	n/a
Advanced life support responder	n/a	n/a	n/a	n/a
Transport Ambulance	7:29 min	9:29 min/17:29 min	29:29 min	n/a

TABLE 6: SYSTEM RESOURCES & OPERATIONS – FACILITIES/CRITICAL CARE

Trauma

- a) Number of patients meeting trauma triage criteria: 2018/19: 2027 (prehospital criteria)
(Number of patients meeting in-hospital trauma triage criteria at SJGH: 3599)
- b) Number of major trauma victims transported directly to a trauma center by ambulance: 2018/19: 2021
- c) Number of major trauma patients transferred to a trauma center: 2018/19: 6
- d) Number of patients meeting triage criteria who weren't treated at a trauma center: Unknown (not collected as an aggregate)

Emergency Departments

Total number of emergency departments	7
a) Number of referral emergency services	0
b) Number of standby emergency services	0
c) Number of basic emergency services	7
d) Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	6
2. Number of base hospitals with written agreements	1

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- DISASTER MEDICAL

Reporting Year: 2018-2019 (fiscal year)

County: San Joaquin County

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

a. Where are your CCPs located? Stockton Metropolitan Airport

b. How are they staffed? Depending on the purpose, the CCP would be staffed with one or more of the following: first responders, ambulance personnel, County Public Health, Disaster Healthcare Volunteers, Medical Reserve Corp, CALMAT, DMAT.

c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No

2. CISD

Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No

3. Medical Response Team

a. Do you have any team medical response capability? ☒ Yes ☐ No

b. For each team, are they incorporated into your local response plan? ☒ Yes ☐ No

c. Are they available for statewide response? ☐ Yes ☒ No

d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No

b. At what HazMat level are they trained? Specialist, Technician, First Responder Operations Decontaminations (FRO Decon) and First Responder Operations (FRO)

c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No

d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 8
3. Have you tested your MCI Plan this year in a:
 - a. real event? ☒ Yes ☐ No
 - b. exercise? ☒ Yes ☐ No
4. List all counties with which you have a written medical mutual aid agreement.
All Counties of Region IV: Alpine, Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, Stanislaus, Tuolumne, Yolo
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☐ Yes ☒ No
8. Are you a separate department or agency? ☒ Yes ☐ No
9. If not, to whom do you report? _____
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

TABLE 8: RESOURCE DIRECTORY – RESPONSE/TRANSPORTATION/PROVIDERS

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin County Provider: American Medical Response Response Zone: X

Address: 400 Fresno Ave Number of Ambulance Vehicles in Fleet: 52
Stockton, CA 95203

Phone Number: 209-948-5136 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 40

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> LALS <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>79,685</u>	Total number of responses	<u>57,988</u>	Total number of transports
<u>49,425</u>	Number of emergency responses	<u>3,877</u>	Number of emergency transports
<u>30,260</u>	Number of non-emergency responses	<u>54,111</u>	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin County **Provider:** Manteca District Ambulance **Response Zone:** D

Address: P.O. Box 2
Manteca, CA 95336

Number of Ambulance Vehicles in Fleet: 5

Phone Number: 209-823-1032

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	--	---	--

11,515 Total number of responses
6,904 Number of emergency responses
4,611 Number of non-emergency responses

Transporting Agencies

7,815 Total number of transports
468 Number of emergency transports
7,347 Number of non-emergency transports

_____ Total number of responses
 _____ Number of emergency responses

Air Ambulance Services

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin County Provider: Ripon Fire Protection District Ambulance Response Zone: E

Address: 142 S. Stockton Avenue Number of Ambulance Vehicles in Fleet: 2
Ripon, CA 95366

Phone Number: 209-599-4209 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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1,174 Total number of responses
753 Number of emergency responses
421 Number of non-emergency responses

_____ Total number of responses
 _____ Number of emergency responses

Transporting Agencies

541 Total number of transports
48 Number of emergency transports
493 Number of non-emergency transports

Air Ambulance Services

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin County Provider: Escalon Community Ambulance Response Zone: F

Address: PO Box 212 Number of Ambulance Vehicles in Fleet: 2

Escalon, CA 95320

Phone Number: 209-838-1351 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	--	---	--

1,365 Total number of responses
910 Number of emergency responses
455 Number of non-emergency responses

Transporting Agencies

931 Total number of transports
46 Number of emergency transports
885 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin **Provider:** Citizens Medical Response **Response Zone:** County-wide

Address: 8030 Lorraine Avenue, Ste. 336 **Number of Ambulance Vehicles in Fleet:** 3
Stockton, CA 95210

Phone Number: 800-400-1248 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> LALS <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

4456 Total number of responses
0 Number of emergency responses
4456 Number of non-emergency responses

_____ Total number of responses
 _____ Number of emergency responses

Transporting Agencies

4426 Total number of transports
0 Number of emergency transports
4426 Number of non-emergency transports

Air Ambulance Services

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource DirectoryReporting Year: 2018-2019**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: San Joaquin County Provider: Protransport-1, LLC Response Zone: County-wideAddress: P.O. Box 2332 Number of Ambulance Vehicles in Fleet: 4 Available for ASAP requestsSanta Rosa, CA 95405Phone Number: 707-586-4041Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

2621 Total number of responses
0 Number of emergency responses
2621 Number of non-emergency responses

2450 Total number of transports
0 Number of emergency transports
2450 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin **Provider:** NorCal Ambulance **Response Zone:** County-wide

Address: 6761 Sierra Ct. Suite G **Number of Ambulance Vehicles in Fleet:** 4
Dublin, CA 94568

Phone Number: 916-860-7900 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> LALS <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

9826 Total number of responses
0 Number of emergency responses
9826 Number of non-emergency responses

_____ Total number of responses
 _____ Number of emergency responses

Transporting Agencies

8812 Total number of transports
0 Number of emergency transports
8812 Number of non-emergency transports

Air Ambulance Services

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Table 8: Resource DirectoryReporting Year: 2018-2019**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: San Joaquin Provider: Clements Fire District Response Zone: _____Address: P.O. Box 523 Number of Ambulance Vehicles in Fleet: 0
Clements, CA 95227Phone Number: (209) 941-2339 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses*
 _____ Number of non-emergency responses**

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports**

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin **Provider:** Stockton Fire Department (ALS) **Response Zone:** _____

Address: 425 N. El Dorado Street **Number of Ambulance Vehicles in Fleet:** 0
Stockton, CA 95202

Phone Number: 209-937-8022 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses*
 _____ Number of non-emergency responses**

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports**

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Tracy Fire Department (ALS) Response Zone: _____

Address: 835 Central Ave Number of Ambulance Vehicles in Fleet: 0
Tracy, CA 95376

Phone Number: 209- 831-6700 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue				

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses*
_____ Number of non-emergency responses**

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports**

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Collegedale Fire District Response Zone: _____

Address: 13225 E. Mariposa Road Number of Ambulance Vehicles in Fleet: _____
Stockton, CA 95205

Phone Number: (209) 462-3883 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses*
 _____ Number of non-emergency responses**

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports**

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Escalon Fire District Response Zone: _____

Address: 1749 Coley Avenue Number of Ambulance Vehicles in Fleet: _____
Escalon, CA 95320

Phone Number: (209) 838-7500 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses*
 _____ Number of non-emergency responses**

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports**

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Farmington Fire District Response Zone: _____

Address: P.O. Box 25 Number of Ambulance Vehicles in Fleet: _____
Farmington, CA 95230

Phone Number: 209) 886-5321 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses*
 _____ Number of non-emergency responses**

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports**

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: French Camp-McKinley Fire District Response Zone: _____

Address: P.O. Box 790 Number of Ambulance Vehicles in Fleet: _____
French Camp, CA 95231

Phone Number: 209) 982-0592 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses*
 _____ Number of non-emergency responses**

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports**

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Lathrop-Manteca Fire District Response Zone: _____

Address: 800 J Street Number of Ambulance Vehicles in Fleet: _____
Lathrop, CA 95330

Phone Number: (209) 858-2331 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

____ Total number of responses
 ____ Number of emergency responses*
 ____ Number of non-emergency responses**

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports**

Air Ambulance Services

____ Total number of responses
 ____ Number of emergency responses
 ____ Number of non-emergency responses

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Liberty Fire District Response Zone: _____

Address: 24124 N. Bruella Road Number of Ambulance Vehicles in Fleet: 0
Acampo, CA 95220

Phone Number: (209) 339-1329 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses*
 _____ Number of non-emergency responses**

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports**

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Linden Peters Fire District Response Zone: _____

Address: 17725 E. Hwy 26 Number of Ambulance Vehicles in Fleet: _____
Linden, CA 95236

Phone Number: (209) 887-3710 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

____ Total number of responses
 ____ Number of emergency responses*
 ____ Number of non-emergency responses**

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports**

Air Ambulance Services

____ Total number of responses
 ____ Number of emergency responses

____ Total number of transports
 ____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Lodi Fire Department Response Zone: _____

Address: 25 E. Pine Street Number of Ambulance Vehicles in Fleet: _____
Lodi, CA 95240

Phone Number: (209) 333-6735 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses*
 _____ Number of non-emergency responses**

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports**

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Manteca Fire Department Response Zone: _____

Address: 1154 S. Union Road Number of Ambulance Vehicles in Fleet: _____
Manteca, CA 95337
 Phone Number: 209) 239-8435 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses*
 _____ Number of non-emergency responses**

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports**

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Mokelumne Fire District Response Zone: _____

Address: 13157 E. Brandt Road
Lockeford, CA 95237

Number of Ambulance Vehicles in Fleet: _____

Phone Number: (209) 727-0564

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

____ Total number of responses
 ____ Number of emergency responses*
 ____ Number of non-emergency responses**

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports**

Air Ambulance Services

____ Total number of responses
 ____ Number of emergency responses

____ Total number of transports
 ____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Montezuma Fire District Response Zone: _____

Address: 2405 S. B Street
Stockton, CA 95206

Number of Ambulance Vehicles in Fleet: _____

Phone Number: (209) 464-5234

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses*
 _____ Number of non-emergency responses**

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports**

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Thornton Fire District Response Zone: _____

Address: 25999 N. Thornton Road Number of Ambulance Vehicles in Fleet: _____
Thornton, CA 95686

Phone Number: 209) 794-2460 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

____ Total number of responses
 ____ Number of emergency responses*
 ____ Number of non-emergency responses**

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports**

Air Ambulance Services

____ Total number of responses
 ____ Number of emergency responses

____ Total number of transports
 ____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin **Provider:** Waterloo Morada Fire District **Response Zone:** _____

Address: 6925 East Foppiano Lane **Number of Ambulance Vehicles in Fleet:** 0
Stockton, CA 95212

Phone Number: 209) 931-3107 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses*
 _____ Number of non-emergency responses**

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports**

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Woodbridge Fire District Response Zone: _____

Address: 400 E. Augusta Street Number of Ambulance Vehicles in Fleet: 0
Woodbridge, CA 95258

Phone Number: (209) 369-1945 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

____ Total number of responses
 ____ Number of emergency responses*
 ____ Number of non-emergency responses**

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports**

Air Ambulance Services

____ Total number of responses
 ____ Number of emergency responses

____ Total number of transports
 ____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin County Provider: REACH Response Zone: County-wide

Address: 8880 Cal Center Drive, Ste. 125 Number of Ambulance Vehicles in Fleet: 1 in county; 1 near county
Sacramento, CA 95826

Phone Number: 707-575-6886 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses (IFTs)

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports (IFTs)

Air Ambulance Services

488 Total number of responses
101 Number of emergency responses
387 Number of non-emergency responses

314 Total number of transports
9 Number of emergency transports
305 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018-2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: CALSTAR Response Zone: _____

Address: 8880 Cal Center Drive Number of Ambulance Vehicles in Fleet: 1 based near county
Sacramento, CA 95826

Phone Number: 916-921-4000 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

____ Total number of responses
 ____ Number of emergency responses*
 ____ Number of non-emergency responses**

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports**

Air Ambulance Services

74 Total number of responses
15 Number of emergency responses
59 Number of non-emergency responses (IFTs)

79 Total number of transports
1 Number of emergency transports
78 Number of non-emergency transports (IFTs)

AMBULANCE ZONE SUMMARY FORMS

Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:
San Joaquin County EMS Agency
Area or subarea (Zone) Name or Title:
Zone X
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.
American Medical Response (23 Years). Exclusive effective May 1, 2006
Area or subarea (Zone) Geographic Description:
Greater Lodi area, Stockton area, and Tracy area
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.
Exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Type: Emergency Ambulance
Level: Emergency Ambulance, 9-1-1, 7-Digit, All CCT ambulance services, ALS IFT, ALS Ambulance.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Competitive bid. A request for proposals was issued on June 30, 2014, leading to a contract, for emergency ambulance service effective May 1, 2016, for an initial five year period with a possible five year extension. .

Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Joaquin County EMS Agency
Area or subarea (Zone) Name or Title: Zone D
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea. Manteca District Ambulance Services (66 years)
Area or subarea (Zone) Geographic Description: Greater Manteca and Lathrop areas
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Type: Emergency Ambulance Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Manteca District Ambulance entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Manteca District Ambulance Service (MDA) originally began providing transportation services in November 1951. This service has continued, without interruption or competition and since then, no changes to the scope and manner of service have occurred. MDA provides advanced life support service in a 9-1-1 setting. MDA is a not for profit ambulance service with an independent board of directors.

Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Joaquin County EMS Agency
Area or subarea (Zone) Name or Title: Zone E
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea. Ripon Fire Protection District (43 years)
Area or subarea (Zone) Geographic Description: Greater Ripon area
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Type: Emergency Ambulance Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitive-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Ripon Fire Protection District entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Ripon Fire Protection District originally began providing transportation services in February 1974. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Ripon Fire Protection District provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Ripon Fire Protection District is fire protection district operated by an independent board of directors which is responsible for the ambulance service

Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:
San Joaquin County EMS Agency
Area or sub area (Zone) Name or Title:
Zone F
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Sub area.
Escalon Community Ambulance (56 years)
Area or sub area (Zone) Geographic Description:
Greater Escalon area
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.
Exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Type: Emergency Ambulance
Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitive-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Escalon Community Ambulance entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Escalon Community Ambulance originally began providing transportation services in April 1961. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Escalon Community Ambulance provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Escalon Community Ambulance is a not for profit ambulance services with an independent board of directors.

TABLE 9: RESOURCE DIRECTORY – FACILITIES

Facilities

County: San Joaquin County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Dameron Hospital **Telephone Number:** 209) 944-5550
Address: 525 W. Acacia Street
Stockton, CA 95203

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Kaiser Permanente Hospital Manteca Telephone Number: (209) 825-3700
Address: 1777 West Yosemite Avenue
Manteca, CA 95336

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Lodi Memorial Hospital Telephone Number: Phone: (209) 334-3411
Address: P.O. Box 3004
Lodi, CA 95241

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center⁷ EDAP⁸ PICU⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Saint Joseph's Medical Center Telephone Number: (209) 467-6400
Address: P.O. Box 213008
Stockton, CA 95204

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Sutter-Tracy Community Hospital Telephone Number: (209) 835-1500
Address: 1420 Tracy Boulevard
Tracy, CA 95377

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center¹³ EDAP¹⁴ PICU¹⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

¹³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Doctors Hospital Manteca Telephone Number: 209-823-3111
Address: 1205 E. North Street
Manteca, CA 95336

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁶ EDAP¹⁷ PICU¹⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

Note: Complete information for each facility by county. Make copies as needed.

Facility: San Joaquin General Hospital Telephone Number: 209-468-6000
Address: 500 W Hospital Rd
French Camp, CA 95231

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center¹⁹ EDAP²⁰ PICU²¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

¹⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2018-2019

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		American Medical Response		Telephone Number:		<u>209-948-5136</u>	
Address:		<u>3755 West Lane</u> <u>Stockton, CA 95204</u>					
Student Eligibility:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>			
		Basic:	<u>N/A</u>	Number of students completing training per year:			
		Refresher:	<u>N/A</u>	Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	
				Expiration Date:		<u>04/30/2020</u>	
				Number of courses:			
				Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	

Training Institution:		Defense Logistics Agency		Telephone Number:		<u>209-839-4054</u>	
Address:		<u>25600 South Chrisman Road</u> <u>Tracy, CA 95304</u>					
Student Eligibility*:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>			
		Basic:	<u>N/A</u>	Number of students completing training per year:			
		Refresher:	<u>N/A</u>	Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	
				Expiration Date:		<u>05/31/2021</u>	
				Number of courses:			
				Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2018-2019

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		Farmington Rural Protection District		Telephone Number:		<u>209-886-5321</u>
Address:		<u>25474 E. Hwy 4</u>				
		<u>Farmington, CA 95230</u>				
Student Eligibility:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>		
		Basic:	<u>N/A</u>	Number of students completing training per year:		
		Refresher:	<u>N/A</u>	Initial training:		
				<u>N/A</u>		
				Refresher:		
				<u>N/A</u>		
				Continuing Education:		
				<u>N/A</u>		
				Expiration Date:		
				<u>05/31/2020</u>		
				Number of courses:		
				Initial training:		
				<u>N/A</u>		
				Refresher:		
				<u>N/A</u>		
				Continuing Education:		
				<u>N/A</u>		

Training Institution:		Lathrop-Manteca Fire District		Telephone Number:		<u>209-941-5100</u>
Address:		<u>19001 Somerston Parkway</u>				
		<u>Lathrop, CA 95330</u>				
Student Eligibility:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>		
		Basic:	<u>N/A</u>	Number of students completing training per year:		
		Refresher:	<u>N/A</u>	Initial training:		
				<u>N/A</u>		
				Refresher:		
				<u>N/A</u>		
				Continuing Education:		
				<u>N/A</u>		
				Expiration Date:		
				<u>02/29/2020</u>		
				Number of courses:		
				Initial training:		
				<u>N/A</u>		
				Refresher:		
				<u>N/A</u>		
				Continuing Education:		
				<u>N/A</u>		

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** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2018-2019

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		Lodi Fire Department		Telephone Number:		<u>209-333-6735</u>	
Address:		<u>210 W. Elm Street</u>					
		<u>Lodi, CA 95240</u>					
Student Eligibility:	<u>Open</u>	Cost of Program:	**Program Level		<u>CE Provider</u>		
		Basic:	<u>N/A</u>	Number of students completing training per year:			
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>		
				Refresher:	<u>N/A</u>		
				Continuing Education:	<u>N/A</u>		
				Expiration Date:	<u>10/31/2020</u>		
				Number of courses:			
				Initial training:	<u>N/A</u>		
				Refresher:	<u>N/A</u>		
				Continuing Education:	<u>N/A</u>		

Training Institution:		Manteca District Ambulance		Telephone Number:		<u>209-823-1032</u>	
Address:		<u>245 E. Center Street</u>					
		<u>Manteca, CA 95336</u>					
Student Eligibility*:	<u>Open</u>	Cost of Program:	**Program Level		<u>CE Provider</u>		
		Basic:	<u>N/A</u>	Number of students completing training per year:			
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>		
				Refresher:	<u>N/A</u>		
				Continuing Education:	<u>N/A</u>		
				Expiration Date:	<u>12/31/2020</u>		
				Number of courses:			
				Initial training:	<u>N/A</u>		
				Refresher:	<u>N/A</u>		
				Continuing Education:	<u>N/A</u>		

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** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2018-2019

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		Manteca Fire Department		Telephone Number:		<u>209-239-8435</u>	
Address:		<u>1154S. Union Road</u>					
		<u>Manteca, CA 95337</u>					
Student Eligibility:	Open	Cost of Program:	**Program Level		<u>CE Provider</u>		
		Basic:	<u>N/A</u>	Number of students completing training per year:			
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>		
				Refresher:	<u>N/A</u>		
				Continuing Education:	<u>N/A</u>		
				Expiration Date:	<u>05/31/2021</u>		
				Number of courses:			
				Initial training:	<u>N/A</u>		
				Refresher:	<u>N/A</u>		
				Continuing Education:	<u>N/A</u>		

Training Institution:		Montezuma Fire District		Telephone Number:		<u>209-464-5234</u>	
Address:		<u>2405 S. B Street</u>					
		<u>Stockton, CA 95206</u>					
Student Eligibility*:	Open	Cost of Program:	**Program Level		<u>CE Provider</u>		
		Basic:	<u>N/A</u>	Number of students completing training per year:			
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>		
				Refresher:	<u>N/A</u>		
				Continuing Education:	<u>N/A</u>		
				Expiration Date:	<u>04/30/2020</u>		
				Number of courses:			
				Initial training:	<u>N/A</u>		
				Refresher:	<u>N/A</u>		
				Continuing Education:	<u>N/A</u>		

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** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2018-2019

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		Stockton Fire Department		Telephone Number:		<u>209-937-8657</u>	
Address:		<u>400 E. Main Street, 4th Floor</u>					
		<u>Stockton, CA 95202</u>					
Student Eligibility:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>			
		Basic:	<u>N/A</u>	Number of students completing training per year:			
		Refresher:	<u>N/A</u>	Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:			
				Expiration Date:		<u>12/31/2020</u>	
				Number of courses:			
				Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	

Training Institution:		San Joaquin County EMS Agency		Telephone Number:		<u>209-468-6818</u>	
Address:		<u>P.O Box 220</u>					
		<u>French Camp, CA 95231</u>					
Student Eligibility*:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>			
		Basic:	<u>N/A</u>	Number of students completing training per year:			
		Refresher:	<u>N/A</u>	Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	
				Expiration Date:		<u>12/31/2021</u>	
				Number of courses:			
				Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	

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** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2018-2019

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		San Joaquin General Hospital		Telephone Number:		<u>209-468-6800</u>	
Address:		<u>500 W. Hospital Road</u>					
		<u>French Camp, CA 95231</u>					
Student Eligibility:	<u>Open</u>	Cost of Program:	**Program Level		<u>CE Provider</u>		
		Basic:	<u>N/A</u>	Number of students completing training per year:			
		Refresher:	<u>N/A</u>	Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	
				Expiration Date:		<u>04/30/2021</u>	
				Number of courses:			
				Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	

Training Institution:		South San Joaquin County Fire Authority		Telephone Number:		<u>209-831-6700</u>	
Address:		<u>835 Central Ave</u>					
		<u>Tracy, CA 95376</u>					
Student Eligibility*:	<u>Open</u>	Cost of Program:	**Program Level		<u>CE Provider</u>		
		Basic:	<u>N/A</u>	Number of students completing training per year:			
		Refresher:	<u>N/A</u>	Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	
				Expiration Date:		<u>08/31/2020</u>	
				Number of courses:			
				Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2018-2019

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		Bradford College of Nursing		Telephone Number:	<u>209-475-9854</u>
Address:		<u>9 S. El Dorado Street</u>			
		<u>Stockton, CA 95202</u>			
Student Eligibility:	Open	Cost of Program:	**Program Level	EMT Training Provider	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>
				Expiration Date:	<u>05/31/2020</u>
				Number of courses:	
				Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>

Training Institution:		San Joaquin EMS Agency		Telephone Number:	<u>209-468-6818</u>
Address:		<u>PO Box 220</u>			
		<u>French Camp, CA 95231</u>			
Student Eligibility*:	Open	Cost of Program:	**Program Level	EMT Training Provider	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>
				Expiration Date:	<u>12/31/2021</u>
				Number of courses:	
				Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>

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** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level

TABLE 11: RESOURCES DIRECTORY - DISPATCH AGENCY

County: San Joaquin

Reporting Year: 2018-2019

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	American Medical Response, Valley Regional Emergency Communications Center (Secondary PSAP)		Primary Contact:	Rich Silva, Communications Director	
Address:	4701 Stoddard Road, Modesto, CA 95356				
Telephone Number:	(209) 236-8302				
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:		
			<u>54</u> EMD	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		